

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE **217234**
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-249-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: High End Corp Coach, Inc Telephone: 843-734-0444
Address: dba Myrtle Beach Trolley Fax: 843-734-0404
2604 Hwy 9 East Other: _____
Little River, SC 29566 Email: myrtlebeachtrolley@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input checked="" type="checkbox"/> Request <u>(Expedited Review to include waiver of Regulation # 103-132)</u> |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit <u>Noticing Requirement</u> |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input checked="" type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input checked="" type="checkbox"/> Other: <u>Change to Class A</u> |

RECEIVED

PSC SC
DOCKETING DEPT.

JBS

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

CLASS A/~~A Restricted~~

DATE June 6, 2009

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

High End Corporate Coach, Inc.
DBA Myrtle Beach Trolley

2. (a) Street Address of Applicant 2604 Hwy 9 East
Little River, S.C. 29566

(b) Mailing address, if different from street address

Same

(c) Telephone Number 843-734-0444 SS No.

3. ☒ If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

President - Edward F. Royston, 227 Coleysville Rd, Cockeysville,
MD 21030

V. President - William W. Pike, 2604 Hwy 9 East, Little River,
S.C. 29566

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

Documenting Dept
Fax 803-896-5199

7. Applicant is financially able to furnish the services as specified in this Application, and submits the following statement of assets and liabilities.

ASSETS:	
Cash	10,000.00
Real Estates and Buildings	NONE
Accounts and Notes Receivable	2,500.00
Power Equipment (Net of Depreciation)	30,000.00
Garage & Office Equipment (Net of Depreciation)	5,000.00
Other Assets	
TOTAL ASSETS	\$ 47,500.00
LIABILITIES:	
Accounts and Notes Payable	NONE
Rents and Leases payable	2,000.00 per month
Mortgages Payable	NONE
Debt on Power Equipment	NONE
Other Liabilities	
TOTAL LIABILITIES	\$ 2,000.00
NET WORTH	\$

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R. 38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Horry

I, EDWARD ROYSTON
(Name of Applicant's Representative)

Pres
(Title)

of High End Corp. Coach the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At

This the 3rd day of June, 2009

James B. Bandy Jr.
(Notary Public)

[Signature]
(Signature of Applicant's Representative)

Commission Expires 3-11-13

#1

EXHIBIT C

CLASS A
CLASS A RESTRICTED

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

High End Corp Coach, Inc. **ROUTE AND MILEAGE**dba Myrtle Beachrolley
Name of Applicant

Operating between 11:00 a.m. and 11:00 p.m.

From	To	State or US Hwy. #	Exact Distance in Miles Traveled Over		
			State Hwys.	County Hwys.	* Street of Cities or Towns
2604 Hwy 9E	1621 Hwy 17N				
1621 Hwy 17N	1601 Hwy 17N				
1601 Hwy 17N	550 Hwy 17N				
550 Hwy 17N	507 Hwy 17N				
507 Hwy 17N	113 Hwy 17N				
113 Hwy 17N	9176th Ave S				
9176th Ave S	1400 Hwy 17S				

Restricted: To the transportation of passengers to and from places of employment.

Restricted: So as not to permit any charter service.

Continued next page

Date: 6/11/09

(Applicant's Signature)

(cont)
#2

EXHIBIT C

CLASS A
CLASS A RESTRICTED

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

ROUTE AND MILEAGE

OF
Moyble Beach Trolley
Name of Applicant

Operating between 11:00 am and 11:00 pm

From	To	State or US Hwy. #	Exact Distance in Miles Traveled Over		
			State Hwys.	County Hwys.	* Street of Cities or Towns
1400 Hwy 17S	4002 Hwy 17S				
4002 Hwy 17S	4732 Hwy 17S				
4732 Hwy 17S	4930 Hwy 17S				
4930 Hwy 17S	4800 S Ocean Blvd				
4800 S Ocean Blvd	2701 S Ocean Blvd				
2701 S Ocean Blvd	2301 S Ocean Blvd				
2301 S Ocean Blvd	1707 S Ocean Blvd				

Restricted: To the transportation of passengers to and from places of employment.

Restricted: So as not to permit any charter service.

continue next page

Date: 6/11/09

[Signature]
(Applicant's Signature)

out
#3

EXHIBIT C

CLASS A
CLASS A RESTRICTED

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

ROUTE AND MILEAGE

OF
Myrtle Beach Trolley
Name of Applicant

Operating between 11:00 am. and 11:00 pm.

			Exact Distance in Miles		Traveled Over
From	To	State or US Hwy. #	State Hwys.	County Hwys.	* Street of Cities or Towns
1701 S. Ocean Blvd	1701 S. Ocean Blvd				
1701 S. Ocean Blvd	91 S. Ocean Blvd				
91 S. Ocean Blvd	300 N. Ocean Blvd				
300 N. Ocean Blvd	1908 N. Ocean Blvd				
1908 N. Ocean Blvd	2100 N. Ocean Blvd				
2100 N. Ocean Blvd	3500 N. Ocean Blvd				
3500 N. Ocean Blvd	212 Sea Monte Hwy				
212 Sea Monte Hwy	614 Sea Monte Hwy				

Restricted: To the transportation of passengers to and from places of employment.

Restricted: So as not to permit any charter service.

Date:

6/11/09

[Signature]
(Applicant's Signature)

ACORD CERTIFICATE OF LIABILITY INSURANCEOP ID DN
HYBRE-2DATE (MM/DD/YYYY)
03/20/09

PRODUCER Sackett Cook & Assoc./TIB 600 Fairmount Avenue, Suite 106 Towson MD 21286-1000 Phone: 410-828-7076 Fax: 410-828-0112		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED High End Corporate Coach, Inc. dba Myrtle Beach Trolley P.O. Box 507 Hunt Valley MD 21030		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: RLI Insurance	
		INSURER B: The PMA Group	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

PORT/PROV/LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> ACC-IDENT <input type="checkbox"/> LOC	LGB0011263	06/22/08	06/22/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1000000 MED EXP (Any one person) \$ 50000 PERSONAL & ADV INJURY \$ 5000 GENERAL AGGREGATE \$ 1000000 PRODUCTS - COMPROP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	LFB0012533	06/22/08	06/22/09	COMBINED SINGLE LIMIT (EA accident) \$ 5000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	2009013365608	02/01/09	02/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 100000 EL DISEASE - EA EMPLOYEE \$ 100000 EL DISEASE - POLICY LIMIT \$ 500000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS / ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Marelda Retail Development, LLC; Gregory Greenfield & Associates, Ltd.; Jones Lang LaSalle Americas, Inc.; & Marelda Myrtle Beach Mall, LLC are added as Additional Insured, but only to the extent that they are held liable for the conduct of the Named Insured.

CERTIFICATE HOLDER**CANCELLATION**

JONES03

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

EXHIBIT FWAName: High End Corp. Coach, Inc. IDBA Myrtle Beach TrolleyAddress: 2604 Hwy 9 East, Little River, SC 29566Telephone No. 843-734-0444 Fax No. 843-734-0404U.S.D.O.T. No. 1297068 ICC No. _____

1. Does Applicant have a Safety Rating from the _____

Yes ☒ No _____ Pending _____ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory ☒

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ☒

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No ☒

(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


(Applicant's Signature)

Sworn to before me

At _____

This 5 day of June, 2009
(Notary Public)Commission Expires: 3-11-2013

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authorization

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

HIGH END CORPORATE COACH, INC.,
a corporation duly organized under the laws of the state of **MARYLAND** and issued a certificate of authority to transact business in South Carolina on **November 4th, 2004**, has on the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that its authority to transact business in South Carolina is subject to being revoked pursuant to Section 33-15-310 of the 1976 South Carolina Code, and no application for surrender of authority to do business in South Carolina has been filed in this office as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
8th day of November, 2004.

A handwritten signature of Mark Hammond in black ink, written over a horizontal line.

Mark Hammond, Secretary of State

STATE OF MARYLAND
Department of Assessments and Taxation

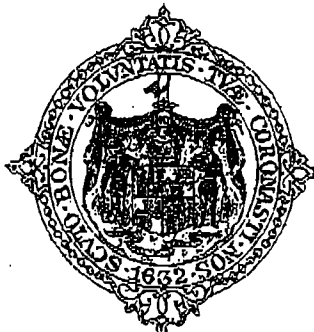
I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HIGH END CORPORATE COACH, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS OCTOBER 26, 2004.



Paul B. Anderson
Charter Division



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice
Fax (410) 333-7097

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